

FIRM / PERSON INSPECTED		VEHICLE LICENSE PLATE NUMBER	INSPECTING COUNTY
FIRM ADDRESS		TREATMENT SITE	WIND VELOCITY / DIRECTION
BUSINESS LICENSE NUMBER		EQUIPMENT TYPE	TIME
APPLICATION SITE ADDRESS		TELEPHONE NUMBER	PEST

APPLICATOR'S NAME	APPLICATOR'S LICENSE NUMBER	PERSONAL PROTECTIVE EQUIPMENT WORN			
PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE	FORMULATION

A. APPLICATION / MIX LOAD INSPECTION		B. FIELD FUMIGATION (BRANCH 1)		C. PESTICIDE STORAGE SITE INSPECTION	Reference Section	COMPLIANCE		
<input type="checkbox"/> BRANCH 2 <input type="checkbox"/> BRANCH 3		<input type="checkbox"/> APPLICATION <input type="checkbox"/> TARP REMOVAL <input type="checkbox"/> AERATION <input type="checkbox"/> CERTIFICATION		1. Pesticides Properly Stored / Locked	6672b	YES	NO	N/A

COMPLIANCE			Reference Section	REQUIREMENTS	COMPLIANCE		
YES	NO	N/A			YES	NO	N/A
			15204	1. Annual Notification Submitted			
			8505.5	2. County Notified 24 Hours Prior			
			8538	3. Written Notice to Occupant			
			1970.4	4. Pesticide Disclosure Signed / Available			
			6602	5. Registered Label Available at Use Site			
			12973	6. Labeling - Site / Rate / Concentration / Other			
			12973	7. Labeling - Aeration / Reentry			
			12973	8. Labeling - Other, Bagging, Pets Removed, Etc.			
			6600	9. Labeling - Personal Protective Equipment			
			6604	10. Suitable Methods / Equipment / Manner / Climate			
			6614	11. Accurate Measurement			
			6684	12. Protection of Persons / Animals / Property			
			6724	13. Containers Properly Rinsed			
			6726	14. Employee(s) Trained			
			6734	15. Emergency Medical Care Posting			
			6736	16. Decontamination; Danger, Warning			
			6702c	17. Coveralls, Signal Word Danger, Warning			
			6738b	18. Employee Wearing Employer Provided PPE			
			6738c	19. Eyewear Provided and Worn			
			6738d,h	20. Chemical Resistant Gloves Provided and Worn			
			6780b,c	21. Other PPE, Boots, Headgear, Apron, Respirator			
			6780d	22. Tarp Removal and Aeration Plan Followed			
			6782a	23. Accident Response Plan at Work Site			
			6454b	24. Two Trained Employees of Fume and Aeration			
			8505.2	25. Warning Agent / Fan(s) Used / Methyl Bromide			
			8505.7	26. Direct Supervision at Fume and Aeration			
			1974	27. Structure Vacated / Certified for Reentry			
			8505.7	28. Warning Signs on All sides of Structure			
			8505.10	29. Effective Secondary Locks			
			8505.11	30. Required Information on Warning Signs			
			8505.15	31. Signs in Attic or Underarea			
			6782	32. Two SCBA Available			
			6782	33. Proper Entry / Fumigated Enclosed Space			
			1971	34. Proper Management of Treated Area			
			Total	35. Safety Kit / Test Equipment Available			
				Total			

REPORTS		E. HEADQUARTERS / EMPLOYEE SAFETY RECORD INSPECTION		Reference Section	COMPLIANCE		
Follow-up Required <input type="checkbox"/> YES <input type="checkbox"/> NO		1. Annual Notification Submitted		15204	YES	NO	N/A
Cease and Desist Order 13102 <input type="checkbox"/> YES <input type="checkbox"/> NO		2. Pesticide Use Records Available		15205			
Violation Notice <input type="checkbox"/> YES <input type="checkbox"/> NO		3. Fumigation Log		1970a			
Correct Noncompliances by Date:		4. Monthly PURs Submitted / Kept		8505.17			
Follow-up completion Date:		5. Notice to Occupant		8538			
Remarks: Include a detailed description of noncompliances.		6. Pesticide Use Records / Kept 2yrs		1970b			
		7. Hazard Communication Displayed		6723			
		8. Complete Written Training Program		6724			
		9. Training Prior to Handling		6724d			
		10. Emergency Medical Care Posting		6726			
		11. Change Area, Danger, Warning		6732			
		12. Storage of Safety Equipment		6738a			
		13. Written Respiratory Procedures		6738h			
		14. Respiratory Equipment Stored		6738a			
		15. Medical Condition Statement		6738h			
		Total		Total			

INSPECTOR'S SIGNATURE		TIME AND DATE INSPECTED	
INSPECTION ACKNOWLEDGED BY		DATE ACKNOWLEDGED	